

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

0 / 536714

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|--|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
| 1 | | | | | | | |
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| 24 | | | | | | | |
| 25 | 1 | | | | | | |
| 26 | | (1) | | | | | |
| 27 | | (1) | | | | | |
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| 37 | | | | | | | |
| 38 | 1 | | | | | | |
| 39 | | 1 | | | | | |
| 40 | | 1 | | | | | |
| 41 | | 1 | | | | | |
| 42 | | 1 | | | | | |
| 43 | | 1 | | | | | |
| 44 | | 1 | | | | | |
| 45 | | 1 | | | | | |
| 46 | | 1 | | | | | |
| 47 | | 1 | | | | | |
| 48 | | 1 | | | | | |
| 49 | | 1 | | | | | |
| 50 | | 1 | | | | | |
| TOTAL IND. | 3 | | | | | | |
| TOTAL DEP. | 14 | | | | | | |
| TOTAL CLAIMS | 17 | | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|--|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
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| 100 | | | | | | | |
| TOTAL IND. | | | | | | | |
| TOTAL DEP. | | | | | | | |
| TOTAL CLAIMS | | | | | | | |